councy. Crawrora		
CANNEC CLOCDALEM		
SANNES SKOGDALEN		
ANA CURICUTATE POLITICADO DO		
101 SUNSHI NE BOULEVARD. P. O.	OX 177	
TOT SCHOOL BOCKETING, T. O.	021	
COLDIEDO CDOME FACES	1 (000) 004	

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Number of Residents on 12/31/01:

Ownership: Corporati on SOLDI ERS GROVE 54655 Phone: (608) 624-5244 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 66 Yes Total Licensed Bed Capacity (12/31/01): 66 Title 19 (Medicaid) Certified? Yes

63

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %						
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	33. 3			
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 9			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.6	More Than 4 Years	31. 7			
Day Services	No	Mental Illness (Org./Psy)	31. 7	65 - 74	7. 9					
Respite Care	No	Mental Illness (Other)	3. 2	75 - 84	33. 3		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	54.0	**********	******			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	3. 2	Full-Time Equivaler	nt			
Congregate Meals No		Cancer		l. 6		Nursing Staff per 100 Re	esi dents			
Home Delivered Meals	No	Fractures	3. 2		100.0	(12/31/01)				
Other Meals	No	Cardi ovascul ar	14. 3	65 & 0ver	98. 4					
Transportati on	No	Cerebrovascul ar	11.1			RNs	11. 3			
Referral Service	No	Di abetes	11. 1	Sex	%	LPNs	3. 5			
Other Services	No	Respi ratory	4.8		Ì	Nursing Assistants,				
Provi de Day Programming for		Other Medical Conditions	19. 0	Male	28.6	Aides, & Orderlies	43. 6			
Mentally Ill	No		i	Femal e	71.4					
Provi de Day Programmi ng for			100. 0		j					
Developmentally Disabled	No				100. 0					
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Average Daily Census:

60

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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	4. 3	122	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	3. 2
Skilled Care	2	100.0	282	39	83. 0	104	0	0.0	0	13	92. 9	123	0	0.0	0	0	0.0	0	54	85. 7
Intermedi ate				6	12.8	86	0	0.0	0	1	7. 1	113	0	0.0	0	0	0.0	0	7	11. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		47	100.0		0	0.0		14	100.0		0	0.0		0	0.0		63	100. 0

County: Crawford SANNES SKOGDALEN

*****	****	*****	*****	****	*****	******	****
Admissions, Discharges, and	Percent Distribution	of Residents'	Condi ti ons	, Services, and	d Activities as of 12	/31/01	
Deaths During Reporting Period							
	ľ		% Ne	edi ng		Total	
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	15. 4	Daily Living (ADL)	Independent	One Or '	Two Staff	Dependent	Resi dents
Private Home/With Home Health	15.4	Bathi ng	15. 9	4	4. 4	39. 7	63
Other Nursing Homes	5.8	Dressi ng	20. 6	4	4. 4	34. 9	63
Acute Care Hospitals	<b>55.8</b>	Transferring	36. 5	2	3. 8	39. 7	63
Psych. HospMR/DD Facilities	0.0	Toilet Use	30. 2	2	7. 0	42. 9	63
Reĥabilitation Hospitals	1. 9	Eating	73. 0		9. 5	17. 5	63
Other Locations	5.8	**************	******	******	******	********	******
Total Number of Admissions	52	Conti nence		% Sp	ecial Treatment	cs .	%
Percent Discharges To:		Indwelling Or Externa	l Catheter		Receiving Respi		9. 5
Private Home/No Home Health	23. 1	0cc/Freq. Incontinent		33. 3	Recei vi ng Trach	neostomy Care	0.0
Private Home/With Home Health	13. 5	Occ/Freq. Incontinent		27. 0	Receiving Sucti	oni ng	0.0
Other Nursing Homes	1. 9	<u>-</u>			Receiving Oston	ny Care	1.6
Acute Care Hospitals	11.5	Mobility		]	Receiving Tube	Feedi ng	1.6
Psych. HospMR/DD Facilities	1. 9	Physically Restrained		12. 7	Receiving Mecha	anically Altered Diets	s 22. 2
Reĥabilitation Hospitals	0.0	i i			Ü	· ·	
Other Locations	0.0	Skin Care		0t	her Resident Ch	naracteri sti cs	
Deaths	48. 1	With Pressure Sores		1.6	Have Advance Di	rectives	76. 2
Total Number of Discharges		With Rashes		3.2 Me	di cati ons		
(Including Deaths)	52	ĺ		]	Receiving Psych	noactive Drugs	39. 7
<u> </u>		•			0 0	8	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****************	*****	*****	*****	******	******	******	******	*******	******
	Ownershi p:			Si ze:		ensure:			
	This Proprietary			50	- 99	Ski	lled	Al l	
	Facility	Peer	Peer Group		Group	Peer	Group	Facilities	
	%	% Ratio		%	% Ratio		% Ratio		Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	90. 9	80. 3	1. 13	85. 1	1. 07	84. 4	1. 08	84. 6	1. 07
Current Residents from In-County	68. 3	72. 7	0. 94	72. 2	0. 95	<b>75. 4</b>	0. 90	77. 0	0. 89
Admissions from In-County, Still Residing	26. 9	18. 3	1. 47	20. 8	1. 29	22. 1	1. 22	20. 8	1. 29
Admissions/Average Daily Census	86. 7	139. 0	0. 62	111. 7	0. 78	118. 1	0.73	128. 9	0. 67
Discharges/Average Daily Census	86. 7	139. 3	0. 62	112. 2	0. 77	118. 3	0.73	130. 0	0. 67
Discharges To Private Residence/Average Daily Census	31. 7	58. 4	0. 54	42. 8	0.74	46. 1	0. 69	<b>52. 8</b>	0. 60
Residents Receiving Skilled Care	88. 9	91. 2	0. 97	91. 3	0. 97	91.6	0. 97	85. 3	1. 04
Residents Aged 65 and Older	98. 4	96. 0	1. 03	93. 6	1. 05	94. 2	1. 04	87. 5	1. 12
Title 19 (Medicaid) Funded Residents	74. 6	72. 1	1. 03	67. 0	1. 11	69. 7	1. 07	68. 7	1. 09
Private Pay Funded Residents	22. 2	18. 5	1. 20	23. 5	0. 95	21. 2	1. 05	22. 0	1. 01
Developmentally Disabled Residents	0. 0	1. 0	0. 00	0. 9	0. 00	0. 8	0. 00	7. 6	0. 00
Mentally Ill Residents	34. 9	36. 3	0. 96	41. 0	0. 85	39. 5	0. 88	33. 8	1. 03
General Medical Service Residents	19. 0	16. 8	1. 13	16. 1	1. 18	16. 2	1. 17	19. 4	0. 98
Impaired ADL (Mean)	50. 2	46. 6	1. 08	48. 7	1. 03	48. 5	1. 03	49. 3	1. 02
Psychological Problems	39. 7	47. 8	0. 83	50. 2	0. 79	50. 0	0. 79	51. 9	0. 76
Nursing Care Required (Mean)	5. 0	7.1	0. 69	7. 3	0. 73	7. 0	0. 79	7.3	0. 68
nuising care nequired (mean)	J. U	7.1	0. 09	7. 3	0. 00	7.0	0. 70	7.3	0. 00